

Transit Management of Charlotte, Inc.
(An EEO/ADA/Affirmative Action Employer)
Employment Application

Human Resources Department
3145 South Tryon Street
Charlotte, NC 28217
Phone: (704) 336-4065

Requisition Number: _____ Date: _____
Position Applying For: _____

All information in this job application will be treated in a confidential manner.
Please answer all questions as
completely as possible. The use of this application does not indicate that there are
positions open; nor does it
obligate you to TMC, Inc.

NAME: _____
LAST FIRST MIDDLE
ADDRESS: _____

STREET OR P. O. BOX

CITY STATE ZIP

PHONE: (____) _____ ALTERNATE PHONE: (____) _____

EMAIL: _____

Walk-In ☐

Newspaper Ad ☐

Magazine/Publication ☐

Internet ☐

Employee Referral ☐

Employment Security Commission ☐

Other, _____ ☐

FOR USE BY HUMAN RESOURCES DEPARTMENT ONLY

(This portion is ONLY used when hired; it DOES NOT effect your eligibility for employment)

Assessment Date: _____ Driver's License: ☐

People Sense Score: _____ Motor Vehicle Report: ☐

Driving Sense Score: _____ Background Check: ☐

Reading Test Score: _____ Physical: ☐

CDL: Class: _____ Endorsements: _____ Drug Screen: ☐

Permit: ☐ Employment Verifications: ☐

Interview Date: _____

Interviewed By: _____

Disposition: _____

EDUCATION

Highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 /

Graduate 1 2 3 4

Schools Name and Location Dates Attended Graduate? Degree

High

School

☐ Yes ☐ No

College or

University

☐ Yes ☐ No

Graduate or

Professional

☐ Yes ☐ No

Business or

Trade School

☐ Yes ☐ No

US Armed Forces?

If yes, Branch _____ Rank _____ Dates of Service _____

List any Professional Registrations/Licenses/Certifications:

List any training, classes or workshops you attended that are related to the position applied for:

List all equipment (office, trade, or heavy diesel) that you operate proficiently:

PERSONAL INFORMATION

Are you related by blood, marriage or adoption to a TMC, Inc. employee? ☐ Yes ☐

No

If yes, please provide name and relationship _____

Have you ever worked for TMC, Inc/CATS or any preceding operator of CTS/City

Coach Line Service? ☐ Yes ☐ No

If yes, provide dates and position held _____

Have you ever applied with TMC, Inc/CATS? ☐ Yes ☐ No

If yes, when? _____

Have you ever used another name other than the one shown on this application? ☐

Yes ☐ No

(include maiden, nicknames or assumed names) If yes, explain _____

Have you ever tested positive or refused to test within the past two years on any DOT

pre-employment drug or alcohol test administered by a DOT covered employer? ☐ Yes
☐ No

Can you provide verification of your legal right to work in the United States? ☐
Yes ☐ No

Can you perform the essential functions of the job for which you are applying with or
without reasonable accommodation? ☐ Yes ☐ No

IN CASE OF AN EMERGENCY

Primary Contact: _____ Relationship: _____

Primary Address: _____

Phone Number: _____

**List below your work history for the past 10 years starting with your current position,
include any military
service, self employment or periods of unemployment. Attach a separate sheet if needed.**

Current/Last Position Held

Employer: _____ From: _____ To: _____

Employer's Address: _____ Starting Salary: _____

Job Title: _____ Current/Last Salary: _____

Duties: _____ Supervisor's Name: _____

Employer's Phone: _____

Reason for leaving: _____

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: _____ From: _____ To: _____

Employer's Address: _____ Starting Salary: _____

Job Title: _____ Current/Last Salary: _____

Duties: _____ Supervisor's Name: _____

Employer's Phone: _____

Reason for leaving: _____

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: _____ From: _____ To: _____

Employer' s Address: _____ Starting Salary: _____
Job Title: _____ Current/Last Salary: _____
Duties: _____ Supervisor' s Name: _____
_____ Employer' s Phone: _____
Reason for leaving: _____

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: _____ From: _____ To: _____

Employer' s Address: _____ Starting Salary: _____
Job Title: _____ Current/Last Salary: _____
Duties: _____ Supervisor' s Name: _____
_____ Employer' s Phone: _____
Reason for leaving: _____

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: _____ From: _____ To: _____

Employer' s Address: _____ Starting Salary: _____
Job Title: _____ Current/Last Salary: _____
Duties: _____ Supervisor' s Name: _____
_____ Employer' s Phone: _____
Reason for leaving: _____

Covered by DOT regulations? ☐ Yes ☐ No

Next Most Recent Position Held

Employer: _____ From: _____ To: _____

Employer' s Address: _____ Starting Salary: _____
Job Title: _____ Current/Last Salary: _____
Duties: _____ Supervisor' s Name: _____
_____ Employer' s Phone: _____

Reason for leaving:

Covered by DOT regulations? ☐ Yes ☐ No

DRUG FREE WORKPLACE

It is Transit Management of Charlotte's (TMC) goal to ensure a safe and healthy work environment and to provide a safe transit system for the public. Per TMC's Drug and Alcohol Policy, any employee who holds a safety sensitive position or an applicant for such position is covered under this policy. TMC requires

Alcohol/Drug test for:

Pre-Employment Reasonable Suspicion Return to Work

Random Follow-Up Post-Accident

Return to Duty

DOT-FTA regulated individuals will be tested for the following five (5) drugs:

Amphetamines Cocaine (including crack) Marijuana

Opiates Phencyclidine (PCP)

TMC prohibits the unlawful manufacture, distribution, possession, or use of a controlled substance and/or

alcohol in the workplace. Any employee found in violation of the TMC Drug and Alcohol Policy or who receives

a positive test for alcohol or prohibited drug(s) or who refuses to take a test will be immediately removed from

duty and subject to discharge. Applicants who receive a positive test or refuse to take a test will not be hired

and will not be eligible to reapply for five (5) years for any position with TMC.

As a condition of employment under the TMC contract, employees must abide by the policy and notify the

employer if they are convicted of a criminal drug offense occurring in the workplace within five days after the conviction.

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true and complete to the best of my knowledge.

I authorize TMC, Inc. to verify such information and to contact any reference or licensing agency given by me,

should I be offered employment or be employed by TMC, Inc. I also agree that:

1. My employment shall be in accordance with the terms of:

A. This job application

B. TMC, Inc policies, rules and regulations and any amendments thereto

C. Any applicable labor agreement

D. DOT/ICC regulations adopted by TMC, Inc.

The Company shall have the right to amend, modify or revoke its rules and regulations at any time. I will

familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now in effect or hereafter.

2. My employment may be terminated by TMC, Inc at any time during probationary period without advance notice.

Its only obligation will be to pay wages or salary earned by me prior to date of termination. Failure to abide by

Company rules or falsification of any information given by me in this application will entitle TMC, Inc to

terminate my employment during my tenure.

3. I agree that active employment will only be contingent upon successful completion of all placement

considerations, including physical requirements and drug testing.

4. I understand that neither this document nor any other offer of employment constitutes an employment contract,

unless a specific document to that effect is executed by the Employer and myself in writing.

5. I understand that TMC, Inc will assess and reserve the "management right" to make the final decision as to

whether a former employee qualifies for rehire consideration. However, an employee can file an appeal for

reinstatement via the established grievance process(es).

6. I certify that the information given by me in this application is true and complete. I understand and agree that

any false information, misrepresentation and/or concealment of facts are sufficient grounds for either denial of

employment by TMC, Inc. or termination following employment.

SIGNATURE: _____ DATE: _____

DISCLOSURE STATEMENT

By this document, I disclose to Transit Management of Charlotte, Inc. that a consumer report may be obtained for

employment purposes as part of the pre-employment background investigation and at any time during employment.

Please sign below to signify receipt of the foregoing disclosure.

APPLICANTS SIGNATURE: _____

PRINT NAME: _____

DATE: _____

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

Please read carefully before signing:

I hereby authorize former employers to provide to Transit Management of Charlotte, Inc. any information regarding

my employment with them. I also authorize former employers and/or their designees to provide the aforementioned

organization or their agent any and all information concerning me or my work performance.

I also authorize

personal references, other persons, companies, corporations, credit bureaus, schools, motor vehicle bureaus, military services and law enforcement agencies to furnish to Transit Management of Charlotte, Inc. any information and records they may have concerning me including criminal background. In authorizing this investigation, I hereby release those individuals and/or companies who are parties thereto from any and all liabilities/responsibilities and damage resulting from and/or arising out of such investigation by TMC, Inc. Transit Management of Charlotte, Inc. (TMC) is an agency of the Charlotte Area Transit System (CATS) and is bound by FTA and DOT Regulations regarding the employee's Commercial Driver's License (CDL), DOT Physicals and other medical examination compliances. It is the employee's responsibility to be complaint. However, the company does periodically conduct audits to assist the employee in monitoring his/her ability and compliance for "fitness for duty." As a condition of employment, you must agree to a release on information allowing TMC, Inc. access to all company funded medical records such as DOT Physicals, Worker's Compensation and other company mandated examinations. This authorization, in original or copy form shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time. I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Signature of Application Print Name Date

Birth Name Social Security Number Date of Birth

Driver's License Number State of Issuance

Voluntary Self Identification Form

(Applicants only)

As a Federal contractor or sub-contractor, our company is required to solicit the race and gender of all applicants for positions with our company. The information requested below is used by **Transit Management of Charlotte (TMC)** only as it relates to our Affirmative Action plan. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH OUR COMPANY. If you do choose to

answer these questions, any information supplied by you on this form will not affect your chances of obtaining a position with our company, which is an equal employment opportunity employer.

EQUAL OPPORTUNITY INFORMATION

Transit Management of Charlotte, Inc. does not discriminate based on race, sex, color, creed, religion, natural origin, age or disability. The information requested below is voluntary and will no way affect you as an applicant. Its purpose is to see how well our recruitment efforts are reaching all segments of the population.

Name: _____

Date: _____

DATE OF BIRTH: ____/____/____

Sex: _____ Male _____ Female

Ethnicity:

_____ Hispanic or Latino

Race: If not Hispanic or Latino, please choose one of the following:

_____ American Indian or Alaskan Native (Not Hispanic or Latino)

_____ Asian (Not Hispanic or Latino)

_____ Black/African American (Not Hispanic or Latino)

_____ Native Hawaiian/Pacific Islander (Not Hispanic or Latino)

_____ White/Caucasian (Not Hispanic or Latino)

_____ Two or more races (Not Hispanic or Latino)

_____ I do not wish to supply this information at this time

Definitions of race and ethnicity categories:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American,

or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of

Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the

black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having

origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the

Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China,

India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above races.